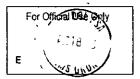
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/093	2. Fiscal Year Covered From:
	01/01/204 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JANES F. SULLIVA!	Name Plumber: L.U.SS UNION
	Labor Organization File Number 011734
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 29870 Eddy Rd	Street 980 E. Rdy Rd
City Willoughby Hills	City BROOKL, IN HTS.,
State Ohio ZIP Code + 4 44094	
5. Position in labor organization. Bus. My 11. / Fin Si	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name N/A	01/4
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	7 b. Amount.
City	
State ZIP Code + 4	
Signature James To Sullina	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable nehalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed gams F. Sullower	On 8/5/2005 (440)5/6 - 1035 Date Telephone Number
	/ / Date Telephone Number

Name of Person Filling JAMES F. SELLIVAN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name M/A	BUS, MCR / FIN. SEC FAME AS 1:0.5 ON FRONT PAGE
Trade Name, if any: P.O. Box, Bldg., Room No., if any	TAME AS 1.0.5 ON MONTHUE
Street	11.b. Approximate dollar value of such dealing.
City ZIP Code + 4	12.a. Nature of interest held or income received. NO INTEREST held on INCOME RECEIVED.
	12.b. Amount. — 0 —
C. Received from any employer (other than an employer covered under parts A and B above)	
or from any labor relations consultant to an employer any payment of money or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment. N/A
Name N/A	
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code - 4	
13.b. ts the Business an Employer or Consultant ?	14.b. Amount of payment. ー ひ ー